Please type a plus sign (+) inside this box + Under the Paperwork Reduction Act of 1995, no person a valid OMB control number.	Patent and Tradem	ark Office; U.S. I	hrough 9/30/00. C DEPARTMENT O	F COMMERCE			
DECLARATION FOR UTILITY OR	Attorney Docke	t Number	7007-CON				
DESIGN PATENT APPLICATION	First Named Inv	ventor	Lynn W. Sch	nultz			
(37 CFR 1.63)		COMPLETE					
✓ Declaration ☐ Declaration	Application Num	iber					
Submitted OR Submitted after Initial	Filing Date						
with Initial Filing (surcharge Filing (37 CFR 1.16 (e))	Group Art Unit						
required)	Examiner Name						
<u> </u>	CARITICIST (TOTAL)						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CUSHION STOP AND METHOD FOR ABSORBING BIDIRECTIONAL IMPACT OF SNOW PLOW BLADE TRIPPING the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application For Number(s) Country	oreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	py Attached? NO			
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY)							

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) inside this box	_	+
- 11 1 3 1 2	_	

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

<u> </u>											
United States of A United States or F information which	America, PCT inter is mater	under 35 U.S.C. 120 o listed below and, Ins mational application in rial to patentability as ternational filing date	ofar as the ma defined	the subje inner prov I in 37 CF	ct matter ided by ti R 1.56 w	of each	of the aragrapi	claims of thi h of 35 U.S.C	s application C. 112, I ackn	is not disclosed owledge the dut	in the prior y to disclose
U.S. P	U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)		
10/192,224				07/1	07/10/2002 6,618,965						
Additional U.S	S. or PC1	International applicat	tion nun	nbers are	isted on a	supple	mental p	niority data s	heet PTO/SB	/02B attached h	ereto.
As a named inventor, I hereby appoint the following registered practitioner(s) and Trademark Office connected therewith:					s) to prosecute this application and to transact all business in the Patern 22922						
			Regis		titioner(s) name/i	registrati	on number li	sted below	Regi	stration
ļ	Nam	10	╀-		mber			<u>Nan</u>	16		mber
į			1							- 1	
☐ Additional reg	istered p	oractitioner(s) named o	on suppl	lemental F	Registere	1 Practit	ioner Info	ormation she	et PTO/SB/02	C attached her	eto.
Direct all corres	Direct all correspondence to: ☐ Customer Number ☐ 22922 OR ☐ Correspondence address bei					s below					
Name			_,,								
Address											
City						s	tate	;	ZIP		
Country		·		lephone					ах		
believed to be tru punishable by fine	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								o made are		
Name of Sole	e or Fir	st Inventor:					petition	has been	filed for thi	s unsigned ir	ventor
Gi	iven Na	me (first and middl	e [if an	y <u>)</u>)				Family	Name or S	urname	
Lynn W. Sc					Schult	Z					
Inventor's Signature		Lion 1	W.	So	Rue	the				Date _	9/3/0
Residence: C	ity	Campbells	port			45	untry	U.S.		Citizenship	U.S.
Post Office Address N971 Hwy. G											
Post Office Ad	ddress										
City		Campbellsport	State	WI	ZIP	53010		Country	v U.	U.S.	
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.											

	$\overline{}$
Please type a plus sign (+) inside this box	+

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATIO		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3					
Name of Additional Joint Inventor, if any:	ditional Joint Inventor, if any:						
Given Name (first and middle	e [if any])		Fa	mily	Name or Surname		
Timothy G.					Koch		
Inventor's Signature January	D Kerh	ch			Date 09/03/03		
Residence: City Hartford	WI State	Co	U.S.		U.S.		
Malling Address 1376 Pattor	n Drive						
Malling Address							
_{City} Hartford	WI State	ZIP	53027	Co	U.S.		
Name of Additional Joint Inventor, if any:			A petition has been filed	for	this unsigned inventor		
Given Name (first and middle	Given Name (first and middle [if any]) Family Name or Sumame						
Terry C.				V	Vendorff		
Inventor's Signature July C W.	_luff	, 	Date 4/3/03				
Residence: City Slinger	State WI	Сон	untry U.S.		Citizenship U.S.		
Malling Address 754 Centur	y Court						
Mailing Address							
City Slinger	State WI	ZiP	53086 co		Country U.S.		
Name of Additional Joint Inventor, if any:							
Given Name (first and middle	Given Name (first and middle [if any]) Family Name or				Name or Sumame		
inventor's Signature					Date		
Residence: City State		Cou	intry		Citizenship		
Mailing Address							
Mailing Address							
. City	State		ZIP		Country		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. Washington, DC 2021. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.